

Fordingbridge Rural District Council

Sanitary Authority.

14/11/10

ANNUAL REPORT

FOR THE

Year ending December 31st, 1910,

BY THE


Medical Officer of Health

TO THE

FORDINGBRIDGE UNION.

FORDINGBRIDGE :

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My Annual Report for 1910 is again arranged in a similar way to last year, as suggested by the County Medical Officer of Health.

PHYSICAL FEATURES OF THE DISTRICT.

THE general character of the district would be described as an undulating surface, the River Avon running very nearly through the centre from North to South, and contributory streams joining it in its course to the sea, thus showing a series of moderate hills, uplands and valleys. The soils are chiefly alluvial along the course of the river and streams, on a more or less deep bed of gravel, gravel subsoil being the predominant feature of the district, with chalk subsoil as the district approaches the Wiltshire Downs. The streams are swift running, drainage through the gravel is good, so accounting for our great immunity from Typhoid Fever and allied diseases. The district is absolutely Rural, two-fifths being New Forest, and another two-fifths Down land, the remaining one-fifth being the more thickly populated part lying along the course of the Avons and other streams.

OCCUPATIONS.

Almost entirely agricultural. I do not consider that the Public Health is in any way affected by any commercial undertaking.

AREA AND POPULATION.

The area, approximately 29,300 acres, has not varied since my last report, and the population remains very much the same, although the tendency is for the outlying villages, where little or no new building is going on, to be depopulated, and the town itself and the immediate suburbs, where new building is proceeding, to be more thickly inhabited.

BIRTHS AND BIRTH-RATE.

During the year 1910 there have been registered *134 Births*, seven less than in 1909, 62 males and 72 females, as compared with 74 males and 67 females in 1909. As is more unusual, the females exceed the males. This number is 17·7 below the average for the past ten years. It is also nearly 3 below the average Birth-rate per 1,000 for the past ten years, 21·8 as against 24·6. This Birth-rate is the lowest that we have had to record for the past 25 years, being 7 below that for 1908 and 1909, so that this rural district is suffering from a decreasing Birth-rate together with the rest of the country. Ten of the Births were illegitimate, as against 6 in 1909. This number is very much the average in this district.

DEATHS AND DEATH-RATES.

During the year 1910, *61 Deaths* from all causes were registered, as against 80 in 1909, 92 in 1908, and 91 in 1907.

This shows a Death-rate of 9.9 per 1,000 of the population, which is estimated at about 6,130 souls. This Death-rate is 3.8 lower than the average for the past ten years, and is by far the lowest record for a great number of years, so that in the past year we have the lowest Birth-rate and the lowest Death-rate recorded for many years, and consequently the actual vital statistics for the year will be favourable. Once more we notice the beneficial effect of the cold damp summer on the health of the community. One cannot help being struck by the fact that the health of the public is always best in any sort of weather that is long continued, and that it is the rapidly changing and variable weather which affects the health adversely. There is only one Death attributed to Diarrhœa, and that occurred in an infant under one year of age. 36 of the deaths occurred in the first half of the year, and 25 in the second half; and as is usually the case, the first half of the year was more fatal than the second half. August shows no deaths; July, 3; June, 4; March, April, September and December, 5 each; May, October and November, 6 each; January, 7; and February, 9. The first quarter of the year shows 21 deaths, the second quarter 15 deaths, the third quarter 8 deaths, and the last quarter 17 deaths; and as noticed above, the cold damp summer was remarkably healthy. Two uncertified deaths are recorded, one an infant of six months old, from convulsions due to Teething, and the other in an old woman of 89 years, due to Heart Failure. There is no return of still-births available.

COMMENTS ON THE DEATH-RATES.

Of the **61 Deaths**, 35 were males, 26 females. **24** were *70 years or over* that age (15 males, 9 females), **7** being *80 years or over* (6 males, 1 female). The 24 over 70 years of age averaged 78.1 years each; the 15 males averaged 79.4 years each, and the 9 females averaged 76.5 years each. As is more usual, the average age of the males exceeds that of the females.

- 11** were *between 60 and 70 years* of age (6 males, 5 females).
- 5** were *between 50 and 60 years* of age (2 males, 3 females).
- 2** were *between 40 and 50 years* of age (both males).
- 2** were *between 30 and 40 years* of age (1 male, 1 female).
- 2** were *between 20 and 30 years* of age (both males).
- 2** were *between 10 and 20 years* of age (1 male, 1 female).
- 2** were *between 5 and 10 years* of age (1 male, 1 female).
- 3** were *below 5 and above 1 year* of age (all females).

The mortality *below 1 year* of age amounts to 8 (5 males and 3 females).

32 of the total number of deaths were at the two extremes of life, and 43 of the 61 deaths were below 1 year and above 60 years of age, leaving 18 deaths to be distributed over the intervening 59 years, as shewn above. The number who lived to be over 70 years of age was 8 less than in 1909, and the mortality between 50 and 70 years of age was 16, as against 21 in 1909 and 30 in 1908. There were only 2 deaths between 40 and 50 years of age, as against 9 in 1909, so that the great drop in the death-rate for the year 1910 occurred above 40 years of age, showing that the average age of the community tends to increase.

Infantile Mortality.—The rate per 1,000 of Births for the district for the ten years, 1900-1909, is 85·9; and the similar rate for the past year is 59·7, which is very low, although higher than in 1909. Four of the 8 deaths occur under Section iii., "Wasting Diseases," in Table V.; and one occurs under Section iii., "Diarrhœal Diseases."

The Midwives' Act seems to be very partially observed in the district, as one frequently hears of the ordinary "old woman" officiating, sometimes with decidedly bad results for the infant, as witness a case of "Tetanus Neonatorum" which occurred in the past year, apparently due to want of cleanliness on the part of an unregistered woman. I reported the case to the coroner, but an inquest was not deemed necessary.

Zymotic Death-rate.—It is satisfactory to note that no death is attributable to Zymotic Disease in the past year. The case of Croup notified in Table IV. was one of *Laryngismus Stridulus*, and was not really Croup, which I imagine is a loose term for Diphtheria (or "Membranous Croup"). I think it a pity that the term "Croup" as a disease is not dropped—it should only be a symptom, just the same as "Cough."

Influenza Death-rate.—In the year 1910, one death is attributed partly to this disease, following Parturition and ending in *Pneumonia*. The disease was somewhat prevalent in the spring, but nothing like so virulent as some years.

Cancer Death-rate.—In the year 1910, four deaths occurred. This is the lowest number recorded for some years past, and strangely enough, all four deaths occurred within a month, in June and July.

There is a tendency to decrease in this disease in the district.

Tuberculous Death-rate.—In the year 1910 this amounted to 4—*Phthisis Pulmonalis*, 3, and *Tubercular Meningitis*, 1. This rate is very low indeed, as the average for the past 10 years is 7·9.

One cannot help being struck with the steady progress of the "fresh-air" doctrine. Whereas 25 years ago it was unusual to see a cottage bedroom with its windows open (they were often hermetically sealed from the last painting, or even with nails), now it is unusual to be met by the awful stench which one used to find in upstairs rooms, although one still finds the bedroom the store-place for apples and other fruit, harness, etc., etc. If we can only get the less educated classes to realize that fresh-air and clean water are their two greatest friends instead of their most dangerous enemies, I think that the Tubercular Death-rate will go on diminishing.

Other Respiratory Diseases.—For the year 1910 the death-rate is 9—two less than in the year 1909. In this number are included 8 deaths from *Bronchitis*, 4 Acute and 4 Chronic, and 1 case of *Broncho-Pneumonia*. Pneumonia has been conspicuous by its absence, which is always noticeable when Influenza is not severe.

PREVALENCE OF INFECTIOUS DISEASES.

During the past year, we have a grand total of 28 cases of Notifiable Disease—just over half the number for 1909. Of this total, *Erysipelas* accounts for 11, *Diphtheria* for 8, *Scarlet Fever* for 5, *Continued Fever* for 2, and *Enteric Fever* and *Puerperal Fever* for 1 each.

Erysipelas.—All 11 cases were of the mild, sporadic form. There were no cases due to transmission, and none fatal.

Diphtheria.—There were one or two centres of infection at Damerham and Martin in June and July, accounting for two cases each. The other four cases were isolated, and very mild. Some swabs were taken in the Martin case and subjected to examination, with the result that an unsuspected case was brought to light. All the cases were mild, and none fatal.

Scarlet Fever.—Two of the 5 cases were four months apart; the other 3 all occurred at once in two families at the beginning of December. Some common source of infection had evidently been overlooked at the Infants' Day School. One of the isolated cases occurred at a General Dealer and Rag and Bone Shop, and we had a good deal of trouble in enforcing the proper sanitary regulations. I attended before the District Council on the subject, and we laid down stringent rules to be observed. We had the satisfaction that no other cases occurred in connection with this case. One of the cases was severe, but all made good recoveries.

Continued Fever.—One of these cases was probably Puerperal, due to incomplete abortion, and recovered quickly after proper surgical interference. The other was probably due to faecal infection in scybalous constipation. Both made perfect recoveries.

Enteric Fever.—The reported case occurred in a boy of 9 years of age ; he made a good recovery. No other cases occurred in the house. All necessary precautions were taken.

Puerperal Fever.—In this case the temperature was high for a few days, but the patient speedily made a good recovery. The amount and character of Infectious Disease, both notifiable and non-notifiable, for the year, has been very little and very slight, and we cannot help being gratified at the manner in which threatened epidemics die out under careful and stringent regulations, both during and after the occurrence of the disease.

ZYMOTIC DISEASE PREVENTION.

Methods of dealing with Infectious Disease:—

Vaccination.—This preventive measure against Small-pox is steadily getting more and more neglected, in fact it is quite a surprise to get a request for vaccination now. One cannot help wondering what will be the result, if the threatened outbreak of Small-pox should increase.

Notifiable Diseases, such as *Scarlet Fever*, *Diphtheria*, etc., are at once followed up by the Inspector of Nuisances, and he keeps them under observation until he has disinfected the premises.

Isolation Hospital.—There is none in the district, and it is very seldom that one is wanted. I think it much better to use a portable hut, as now exists, about one mile from the Town, in a pasture field, when and if occasion arises, than to go to the heavy expense of a permanent building, which would hardly ever be used, and would only be a source of expenditure to keep ready for use. I feel sure that should the occasion arise, my Council would cope with it in a very few hours.

Bacteriological Work.—This has been available during the past year, and in several instances swabs have been sent for examination, and reports received as to the result.

Schools.—There is nothing special to report about them during the past year. The periodical inspection is still carried out.

The *Medical Inspection of School Children* seems to be working satisfactorily, and I think is certain to show good results before very long. The parents as a rule seem anxious to have their children treated as the Inspector advises.

Tuberculosis.—No cases were notified last year ; as noted before, the disease was very conspicuous by its absence last year, but I am sure that the Sanitary Authorities will never be able to do much until it is notifiable in all classes of the community, just as *Diphtheria*, etc., are.

HOUSE ACCOMMODATION.

There is very little to be observed under this head during the past year. The Sanitary Census of the District is now complete, and, so far as possible, an exact report of the state of each house in the district is now in the hands of the Sanitary Inspector. It is proposed that these reports be revised about every two years, so that there will be a periodical inspection of the whole district continually going on. The Census has already had a good effect, as it has brought to the personal notice of every householder the fact that they can call in the Inspector of Nuisances, should any insanitary condition exist.

I have investigated several cases of overcrowding myself, when they have come to my knowledge, and find that there is practically no opposition to my inspection or my recommendations.

The absence of Building Bye-laws still continues, although they have been adopted by nearly all the surrounding districts. and there is certainly some supervision required as to suitability and drainage of site, planning of cottages, damp courses, size of rooms, etc., and I feel sure that some modified Bye-laws could become operative without unduly fettering the speculating or other builder. Only to-day I was talking to a man in the trade, who said it was a scandal to see what was being done, and who said, that for his part, he would welcome the advent of such Bye-laws—and I fail to see, how any man who knows he is building properly, can object to them.

There have been several Sub-Committees of the Council, who have met and inspected certain houses reported as unfit for human habitation, with the result that such as could be rendered fit, have been, and two houses were condemned and closed.

EXCREMENT AND REFUSE COLLECTION.

The Refuse Collection is now in a thoroughly satisfactory state, except that there is still no uniformity in the sort of receptacle used, nor is there any guarantee of their being water-tight. Since I reported on the subject two or three years ago, the spilling of refuse on the pavements and side-walks has been abated.

There is nothing fresh to report on the subjects of Sewage Disposal, Pollution of Rivers, or Water Supply of the District.

MILK SUPPLY.

I believe this is still in a satisfactory state, and I have come across no cases of Tuberculosis in cattle. I was pleased to notice a very marked improvement in the cow-sheds, during my animal inspection in the Autumn. On all sides, the milk vendors seemed glad of our inspection, and most willing to carry out any suggestion

I made. One cow-shed at Rockbourne, which I condemned, was at once replaced by a new and sanitary one. This is the third new one that has been erected at Rockbourne, as a result of our inspection.

The chief thing I noticed was that many of the under surfaces of the roofs of the buildings were thick with ancient and heavy cobwebs, and I consider that these are just as likely to contaminate the milk, especially in windy weather, as unclean walls and floors are. I consider that the ceilings of cow-sheds should be swept down every time the sheds are whitewashed and otherwise cleansed.

The Slaughter-houses, Lodging-houses, Bakehouses, Factories and Workshops, have all been periodically inspected as usual.

I am sorry to say that a change in Inspector of Nuisances is again taking place. I shall be very glad when this office is filled in a more permanent manner than it has been during the past two years, as these frequent changes hamper the sanitary work of the District a good deal. At the same time, I wish to say that the Deputy Inspector has assisted me in every possible way in the discharge of sanitary duties.

LOCAL GOVERNMENT INQUIRIES IN AREA.

An Inspector came down from London in September, to inquire into the sanitary work of the district generally, and I brought the matter of Building Bye-laws very prominently before his notice; and in closing my Annual Report, I must beg, most emphatically, to insist on the urgent need for such Bye-laws in this district. They have been adopted in almost all the surrounding sanitary areas, I believe, and it is high time they were adopted in this.

At the present time the health of the district is remarkably good, and I think the first two months of the year are the healthiest January and February I remember during my 25 years tenure of office.

HERBERT V. RAKE,

*Medical Officer of Health for the Rural District Council
of the Fordingbridge Union.*

March 3rd, 1911.

